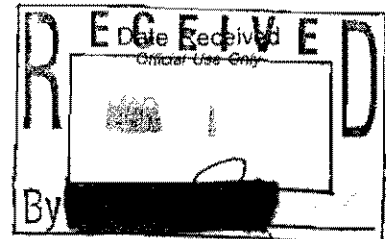


**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**



Please type or print in ink. 2010 MAR -1 PM 6:08 A Public Document

NAME (LAST) Villines	(FIRST) Michael	(MIDDLE) N.	DAYTIME TELEPHONE NUMBER [REDACTED]
MAILING ADDRESS (Business Address Acceptable) [REDACTED]	STREET [REDACTED]	CITY [REDACTED]	ZIP CODE [REDACTED]
OPTIONAL: E-MAIL ADDRESS [REDACTED]			

1. Office, Agency, or Court

Name of Office, Agency, or Court:

CA State Assembly

Division, Board, District, if applicable:

A.D. 29

Your Position:

Assemblymember

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

4. Schedule Summary

► Total number of pages including this cover page: **9**

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☒ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☒ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed **2/25/10**

Signature [REDACTED]

(Printing official)

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Michael Villines</u>

▶ NAME OF BUSINESS ENTITY <u>PRUDENTIAL</u>	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE	
<input checked="" type="checkbox"/> \$2,000 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$100,001 - \$1,000,000	<input type="checkbox"/> Over \$1,000,000
NATURE OF INVESTMENT	
<input checked="" type="checkbox"/> Stock	<input type="checkbox"/> Other _____ (Describe)
<input type="checkbox"/> Partnership	<input type="radio"/> Income of \$0 - \$500
	<input type="radio"/> Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	
<u> </u> / <u> </u> / <u>09</u>	<u> </u> / <u> </u> / <u>09</u>
ACQUIRED	DISPOSED

▶ NAME OF BUSINESS ENTITY	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE	
<input type="checkbox"/> \$2,000 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$100,001 - \$1,000,000	<input type="checkbox"/> Over \$1,000,000
NATURE OF INVESTMENT	
<input type="checkbox"/> Stock	<input type="checkbox"/> Other _____ (Describe)
<input type="checkbox"/> Partnership	<input type="radio"/> Income of \$0 - \$500
	<input type="radio"/> Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	
<u> </u> / <u> </u> / <u>09</u>	<u> </u> / <u> </u> / <u>09</u>
ACQUIRED	DISPOSED

▶ NAME OF BUSINESS ENTITY	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE	
<input type="checkbox"/> \$2,000 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$100,001 - \$1,000,000	<input type="checkbox"/> Over \$1,000,000
NATURE OF INVESTMENT	
<input type="checkbox"/> Stock	<input type="checkbox"/> Other _____ (Describe)
<input type="checkbox"/> Partnership	<input type="radio"/> Income of \$0 - \$500
	<input type="radio"/> Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	
<u> </u> / <u> </u> / <u>09</u>	<u> </u> / <u> </u> / <u>09</u>
ACQUIRED	DISPOSED

▶ NAME OF BUSINESS ENTITY	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE	
<input type="checkbox"/> \$2,000 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$100,001 - \$1,000,000	<input type="checkbox"/> Over \$1,000,000
NATURE OF INVESTMENT	
<input type="checkbox"/> Stock	<input type="checkbox"/> Other _____ (Describe)
<input type="checkbox"/> Partnership	<input type="radio"/> Income of \$0 - \$500
	<input type="radio"/> Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	
<u> </u> / <u> </u> / <u>09</u>	<u> </u> / <u> </u> / <u>09</u>
ACQUIRED	DISPOSED

▶ NAME OF BUSINESS ENTITY	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE	
<input type="checkbox"/> \$2,000 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$100,001 - \$1,000,000	<input type="checkbox"/> Over \$1,000,000
NATURE OF INVESTMENT	
<input type="checkbox"/> Stock	<input type="checkbox"/> Other _____ (Describe)
<input type="checkbox"/> Partnership	<input type="radio"/> Income of \$0 - \$500
	<input type="radio"/> Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	
<u> </u> / <u> </u> / <u>09</u>	<u> </u> / <u> </u> / <u>09</u>
ACQUIRED	DISPOSED

▶ NAME OF BUSINESS ENTITY	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE	
<input type="checkbox"/> \$2,000 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$100,001 - \$1,000,000	<input type="checkbox"/> Over \$1,000,000
NATURE OF INVESTMENT	
<input type="checkbox"/> Stock	<input type="checkbox"/> Other _____ (Describe)
<input type="checkbox"/> Partnership	<input type="radio"/> Income of \$0 - \$500
	<input type="radio"/> Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	
<u> </u> / <u> </u> / <u>09</u>	<u> </u> / <u> </u> / <u>09</u>
ACQUIRED	DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Michael Villines</u>

1. BUSINESS ENTITY OR TRUST

VILLINES FAMILY TRUST

Name

40571 Wild Rose Lane, Shaver Lake, CA 93664

Address (Business Address Acceptable)

Check one

☒ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/09
ACQUIRED

____/____/09
DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership

☐ _____
Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

Marco Juchim (Tenant)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☒ REAL PROPERTY

6616 Gately Place

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Elk Grove, CA 95758

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/09
ACQUIRED

____/____/09
DISPOSED

NATURE OF INTEREST

☒ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining _____

☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

VILLINES FAMILY TRUST

Name

40571 Wild Rose Lane, Shaver Lake, CA 93664

Address (Business Address Acceptable)

Check one

☒ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/09
ACQUIRED

____/____/09
DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership

☐ _____
Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

Mark & Pauline Holman (Tenants) Rental income paid
by S.C. Johnson & Son, Inc.

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☒ REAL PROPERTY

2565 Bellaire Way

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Clovis, CA 93611

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/09
ACQUIRED

____/____/09
DISPOSED

NATURE OF INTEREST

☒ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining _____

☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: Properties listed are residential rentals owned by Trust

for estate planning purposes

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Michael Villines</u>

▶ 1. BUSINESS ENTITY OR TRUST

VILLINES CONSULTING

Name

P.O. Box 162, Shaver Lake, CA 93664-0162

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Public Relations

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

12/30/09

ACQUIRED

DISPOSED

NATURE OF INVESTMENT

☒ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☒ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

N/A

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

12/30/09

ACQUIRED

12/30/09

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold ☐ Other
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

12/30/09

ACQUIRED

12/30/09

DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

12/30/09

ACQUIRED

12/30/09

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold ☐ Other
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>MICHAEL VILLINES</u>

► NAME OF SOURCE
Assemblyman Jim Silva

ADDRESS (Business Address Acceptable)
State Capitol, Room 2170, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 15 / 09</u>	<u>\$ 79.00</u>	<u>Shirt</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Rutherford Ranch Winery

ADDRESS (Business Address Acceptable)
1680 Silverado Trail, St. Helena CA 94574

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 24 / 09</u>	<u>\$ 49.60</u>	<u>3 bottles of wine</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Senator Mark DeSaulnier

ADDRESS (Business Address Acceptable)
State Capitol, Room 4007, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 9 / 09</u>	<u>\$ 16.00</u>	<u>bottle of wine</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
NBC Universal

ADDRESS (Business Address Acceptable)
1021 K Street, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 6 / 09</u>	<u>\$ 420.00</u>	<u>Universal Studio Tickets</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
CA Citrus Mutual

ADDRESS (Business Address Acceptable)
512 North Kaweah Ave, Exeter CA 93221

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 17 / 09</u>	<u>\$ 16.50</u>	<u>3 bags of oranges</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
CA Rice Commission

ADDRESS (Business Address Acceptable)
8801 Folsom Blvd. Suite 172 Sacramento CA 95826

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 10 / 09</u>	<u>\$ 30.77</u>	<u>Rice Box</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>MICHAEL VILLINES</u>

► NAME OF SOURCE
Cal Chamber

ADDRESS (Business Address Acceptable)
1215 K Street Suite 1400, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lunch, Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 14 / 09	\$ 13.35	Lunch - economic recovery
5 / 21 / 09	\$ 78.00	Dinner - ELLA
/ /	\$	

► NAME OF SOURCE
Popcorn Man

ADDRESS (Business Address Acceptable)
21 surrey Lane, Palos Verdes CA 90275

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 17 / 09	\$ 25.00	Case of Popcorn
/ /	\$	
/ /	\$	

► NAME OF SOURCE
CA Cotton Ginners and Growers Assoc.

ADDRESS (Business Address Acceptable)
1785 N. Fine Ave, Fresno CA 93727

BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 23 / 09	\$ 45.00	Towels
/ /	\$	
/ /	\$	

► NAME OF SOURCE
CA Correctional Peace Officers Assoc.

ADDRESS (Business Address Acceptable)
1415 L Street, Suite 410, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 16 / 09	\$ 159.05	Reception - citizen hotel
/ /	\$	
/ /	\$	

► NAME OF SOURCE
Farmers Insurance

ADDRESS (Business Address Acceptable)
1415 L Street, Suite 1200 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dinner/reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 21 / 09	\$ 74.74	Dinner/Reception - BROILER
/ /	\$	
/ /	\$	

► NAME OF SOURCE
State Farm Insurance

ADDRESS (Business Address Acceptable)
1201 K Street, Suite 920 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 28 / 09	\$ 32.66	Reception - PYRAMID
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

MICHAEL VILLINES

► NAME OF SOURCE
Tech America
ADDRESS (Business Address Acceptable)
1215 K Street, Suite 920, Sacramento CA 93727
BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 13 / 09</u>	<u>\$ 10.00</u>	<u>Chocolate Computer</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Anheuser Busch
ADDRESS (Business Address Acceptable)
1201 K Street Suite 730 Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 29 / 09</u>	<u>\$ 142.65</u>	<u>Supplied Beverages at Policy Retreat</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
CA Professional Firefighters
ADDRESS (Business Address Acceptable)
Sacramento CA 95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 6 / 09</u>	<u>\$ 24.17</u>	<u>Dinner w/Kelly Calkin</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Chuck & Debbie Poochigian
ADDRESS (Business Address Acceptable)
5969 E. Hamilton, Fresno, CA 93727
BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 28 / 09</u>	<u>\$ 25.00</u>	<u>5 lb dried fruit basket</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Dewey & LeBoeuf Law Firm
ADDRESS (Business Address Acceptable)
One Embarcadero Center, Suite 400 S.F CA 94110
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 7 / 09</u>	<u>\$ 16</u>	<u>2 beers-reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Fresno F.A.C.T
ADDRESS (Business Address Acceptable)
5626 Columbia Drive S Fresno, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 20 / 09</u>	<u>\$ 250</u>	<u>Goodies</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>MICHAEL VILLINES</u>

► NAME OF SOURCE
Barona Resort & Casino

ADDRESS (Business Address Acceptable)
1932 Wildcat Canyon Road, CA 92040

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Meal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 14 / 09</u>	<u>\$ 6.63</u>	<u>Meal</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Cathleen Gialgiani

ADDRESS (Business Address Acceptable)
PO Box 211, Tracy CA 95370

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 2 / 09</u>	<u>\$ 39.43</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Counsel for Legislative Excellence

ADDRESS (Business Address Acceptable)
2150 River Plaza Drive #150, Sacramento CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Joint Legislative Summit Gifts

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / / 09</u>	<u>\$ 276.69</u>	<u>Briefcase, Jacket, cufflinks, gift bag</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Counsel for Legislative Excellence

ADDRESS (Business Address Acceptable)
2150 River Plaza Drive #150 Sac, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Policy Retreat Gift

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / / 09</u>	<u>\$ 121.82</u>	<u>Garment Bag</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Michael Villines</u>

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

<p>► NAME OF SOURCE <u>University of Virginia Darden School of Business</u></p> <p>ADDRESS (Business Address Acceptable) <u>100 Darden Blvd</u></p> <p>CITY AND STATE <u>Charlottesville, VA</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Guest Speaker at a Luncheon</u></p> <p>DATE(S): <u>7 / 12 / 09</u> - <u>7 / 14 / 09</u> AMT: \$ <u>608.05</u> <i>(if applicable)</i></p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Airfare and rental car</u></p>	<p>► NAME OF SOURCE <u>American Legislative Exchange Council</u></p> <p>ADDRESS (Business Address Acceptable) <u>1101 Vermont Ave., NW, 11th Floor</u></p> <p>CITY AND STATE <u>Washington, D.C. 20005</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>ALEC 2009 Annual meeting</u></p> <p>DATE(S): <u>7 / 15 / 09</u> - <u>7 / 19 / 09</u> AMT: \$ <u>1370.35</u> <i>(if applicable)</i></p> <p>TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Airfare, baggage check, airport parking, hotel</u></p>
<p>► NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ <i>(if applicable)</i></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>	<p>► NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ <i>(if applicable)</i></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p>

Comments: _____

STATE CAPITOL
P.O. BOX 942849
SACRAMENTO, CA 94249-0029
(916) 319-2029
FAX (916) 319-2129

Assembly California Legislature



MICHAEL N. VILLINES
ASSEMBLYMEMBER, TWENTY-NINTH DISTRICT

DISTRICT OFFICE
6245 N FRESNO STREET
SUITE 106
FRESNO, CA 93710
(559) 446-2029
FAX (559) 446-2028

March 1, 2010

Fair Political Practices Commission
428 J Street, Suite 620
Sacramento, CA 95814

RE: 2009 Form 700 filing

To Whom It May Concern:

Enclosed with this letter is my 2009 Form 700 filing. I wanted to include some clarifying information in this letter regarding some changes that you will notice from my 2008 Form 700, specifically on my schedule A-2 concerning the Villines Family Trust. In my 2008 report the Wild Rose Lane property was listed as an asset of the trust and Bellaire Way was listed as the address of the trust. In my 2009 report, these addresses have switched places. This change is due to the fact that I turned the Bellaire Way property into a residential rental and changed the location of my residence, and therefore the address of the trust, to the Wild Rose Lane property.

As I have done from the beginning of my career as an elected official, I have made a good faith effort to identify, value and report all gifts, tickets, travel payments and reimbursements related to travel in connection with speeches, panels, seminars or other similar events received during the 2009 calendar year. I have also implemented a policy to track carefully and maintain a full and complete log of events attended; events at which I was provided meals or other benefits; and events at which I did not consume meals or beverages. I have relied in part for this tracking system upon the persons and entities providing gifts, tickets and the like to provide confirmation of the event and valuation of gifts and benefits. Any omission from the gifts and travel reimbursements listed herein is inadvertent.

If there are any questions about my 2009 filing or if you find any errors on my report, please contact me at your earliest convenience so that I can clarify any concerns.

Sincerely,

A large black rectangular redaction box covering the signature of Michael N. Villines.

Michael N. Villines
Assemblyman, 29th District

RECEIVED

03

FAIR POLITICAL PRACTICES COMMISSION

SCHEDULE D

APR 9 2010

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Income - Gift

AMENDMENT

NAME OF SOURCE

Rutherford Ranch Winery

ADDRESS (Business Address Acceptable)

1680 Silverado Trail, St. Helena CA 94574

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Makes and sells wine

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 24 / 09	\$ 49.60	3 bottles of wine
	\$	
	\$	

NAME OF SOURCE

CA Citrus Mutual

ADDRESS (Business Address Acceptable)

512 North Kaweah Ave, Exeter CA 93221

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Citrus Producer's Trade Assoc.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 17 / 09	\$ 16.50	3 Bags of Oranges
	\$	
	\$	

NAME OF SOURCE

California Chamber of Commerce

ADDRESS (Business Address Acceptable)

1215 K Street Suite 1400 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

promote key business policy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 14 / 09	\$ 13.35	Lunch - economic reco
5 / 21 / 09	\$ 78.00	Dinner - Ella
	\$	

NAME OF SOURCE

NBC Universal

ADDRESS (Business Address Acceptable)

1021 K Street, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Development, production, and marketing of entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 6 / 09	\$ 420	Universal Studio Ticket
	\$	
	\$	

NAME OF SOURCE

CA Rice Commission

ADDRESS (Business Address Acceptable)

8801 Folsom Blvd. Suite 172 Sacramento CA 95826

BUSINESS ACTIVITY, IF ANY, OF SOURCE

represents the entire California rice industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 10 / 09	\$ 30.77	Rice Box
	\$	
	\$	

Verification

Print Name Michael Villines

Office, Agency or Court California State Assembly

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving ☐ Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed April 8, 2010

Signature

Comments:

17 APR 12 PM 4:02

SCHEDULE D
Income - Gifts

EB

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► NAME OF SOURCE
CA Correctional Peace Officers Assoc.
ADDRESS (Business Address Acceptable)
1415 L Street, Suite 410 Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
correctional Peace Officers Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 16 / 09	\$ 159.05	Reception
	\$	
	\$	

► NAME OF SOURCE
Farmers Insurance
ADDRESS (Business Address Acceptable)
1415 L Street, Suite 1200 Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sells insurance policies

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 21 / 09	\$ 74.74	Dinner/Reception
	\$	
	\$	

► NAME OF SOURCE
CA Cotton Ginners and Growers Assoc.
ADDRESS (Business Address Acceptable)
1785 North Fine Ave Fresno, CA 93727
BUSINESS ACTIVITY, IF ANY, OF SOURCE
non-profit trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 23 / 09	\$ 45.00	Towels
	\$	
	\$	

► NAME OF SOURCE
Popcorn Man
ADDRESS (Business Address Acceptable)
21 Surrely Lan, Palos Verdes CA 90275
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sells popcorn

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 17 / 09	\$ 25.00	Case of Popcorn
	\$	
	\$	

► NAME OF SOURCE
State Farm Insurance
ADDRESS (Business Address Acceptable)
1201 K Street, Suite 920 Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sells insurance policies

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 28 / 09	\$ 32.66	Reception
	\$	
	\$	

Verification

Print Name Michael Villines


Office, Agency or Court CA State Assembly

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving
☐ Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed April 8, 2010

Signature 

Comments: _____

FAIR POLITICAL PRACTICES COMMISSION
1944312 PM 4:03

SCHEDULE D
Income - Gifts

EB

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► NAME OF SOURCE

Tech America

ADDRESS (Business Address Acceptable)

1215 K Street, Suite 920 Sacramento ca93727

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Electronic trade association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 13 / 09	\$ 10.00	Chocolate Computer
	\$	
	\$	

► NAME OF SOURCE

CA Professional Firefighters

ADDRESS (Business Address Acceptable)

Sacramento CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

State Council, International Assoc. of Firefighters

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 6 / 09	\$ 24.17	Dinner w/Kelly Calkin
	\$	
	\$	

► NAME OF SOURCE

Fresno F.A.C.T

ADDRESS (Business Address Acceptable)

5626 Columbia Drive, Fresno CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Construction Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 20 / 09	\$ 250.00	Goodies
	\$	
	\$	

► NAME OF SOURCE

Anheuser Busch

ADDRESS (Business Address Acceptable)

1201 K Street Suite 730 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

makes and sells beer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 29 / 09	\$ 142.65	supplied beer at policy
	\$	
	\$	

► NAME OF SOURCE

Dewey & LeBoeuf Law Firm

ADDRESS (Business Address Acceptable)

One Embarcadero Center, Suite 400 S.F. CA94110

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Practice Law

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 7 / 09	\$ 16.00	2 beers @reception
	\$	
	\$	

Verification

Print Name Michael Villines

Office, Agency or Court CA State Assembly

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving
☐ _____ Annual ☐ Candidate
(yr)

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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed April 8, 2010

Signature 

Comments: _____

FAIR POLITICAL PRACTICES COMMISSION
10-2-12 07:40:02

SCHEDULE D
Income - Gifts

EB

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

► NAME OF SOURCE

Barona Resort & Casino

ADDRESS (Business Address Acceptable)

1932 Wildcat Canyon Road, CA 92040

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Resort & Casino

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

10 / 14 / 09 \$ 6.63 Meal

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

► NAME OF SOURCE

Counsel for Legislative Excellence

ADDRESS (Business Address Acceptable)

2150 River Plaza Drive #150 Sacramento CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Policy education

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

12 / ____ / 09 \$ 276.69 Briefcase, Jacket, cuffli

3 / ____ / 09 \$ 121.82 Garment Bag

____ / ____ / ____ \$ _____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

____ / ____ / ____ \$ _____

Verification

Print Name Michael Villines


Office, Agency or Court CA State Assembly

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving
☐ _____ Annual ☐ Candidate

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Signature 

Comments: _____